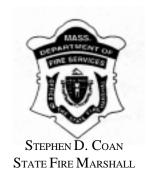




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THOMAS P. LEONARD
DEPUTY STATE FIRE MARSHALL

BLASTING DAMAGE COMPLAINT FORM

Date of Incident: Time of Incident:				
Location of Incident:				
Type of Structure:				
Property Owner's Name:				
Property Owner's Address:				
Claimant's Name If Different:				
Claimant's Address:(Name, Address, City, State, Zip)				
Relationship to Property Owner:				
DESCRIPTION OF ITEM OR AREA DAMAGED				
CERTIFICATION OF DAMAGE				
I declare under the penalty of perjury that to the best of my knowledge and belief the statements made and information given herein are true as of the date of this complaint. I am aware that there are significant penalties for submitting false information including possible civil penalties and imprisonment.				
Signature of Claimant/Owner: Date Signed:				
Name of Fire Department				

Name of Officer Receiving Complaint:		Date Signed:	
Location of Blast:			
Blaster's Log has been checked and a copy is attached:	YES	NO	
Name of Liability Insurance carrier:			
Use and Handling [Permit to Blast] Issued to:			
Blasting Company Name:			
Explosives Users Certificate Number:			
Blaster's Name:			
Blaster's Phone Number:			
Blaster's Address:			
Certificate of Competency Number:			
Certificate of Competency Expiration Date:			
Contractor/Blaster's Signature:		Date:	
Signature of Officer Acknowledging Complaint		Date:	
ACTION TAK	EN BY LOCAL AU		
Authority Signature:	1	ssuing Date:	

13.09 (12): Blasting Damage Complaint

- (a) Any person or firm alleging damage as a result of blasting operations shall make a complaint on a "Blasting Damage Complaint" form approved by the Marshall and obtained from the local fire department of the city or town where damage occurred. The complaint shall contain a signed certification. Completed complaint forms shall be returned within 30 days of blasting incident to the head of the fire department concerned.
- (b) The head of the local fire department upon receiving a Blasting Damage Complaint form shall cause the holder of the "Explosives Users Certificate" [Own and Possess] and the blaster in charge, to report to the local fire department with copies of pertinent blasters' logs for the dates in question and to provide copies of the blaster's log for the dates alleged. The blaster in charge shall be interviewed and blast logs examined to determine any violations of 527 CMR 13.00. The local fire department authority shall record the results of his inquiry on the Blasting Damage Complaint Form. The head of the fire department shall retain the original of the complaint form and forward a copy to the Marshal's Office. The holder of the Explosives Users Certificate [Own and Possess] shall receive a copy of the complaint orm and acknowledge reciept by signature and date in the space provided on the complaint form. The holder of the Explosives Users Certificate or the holder's insurance carrier shall respond to the claimant within 30 days after the date the holder received the complaint form.
- a REGULATORY AUTHORITY: 527 CMR 13.00: c.148 §§ 9,10,12,13, 15,16,31, and 35.

One Copy of this form is to be sent to the State Fire Marshall.